

**Nebraska Work Incentives Initiative (NWII)
Benefit Analysis Referral Form**

Beneficiary Name:		QE2 Case #	
Address:			
City, State & Zip:			
Phone:		Cell:	
		Email:	
Guardian/Payee:		Guardian/Payee Phone:	
<p>Age Group: <input type="checkbox"/> 6-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+</p> <p>Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Non-Hispanic White <input type="checkbox"/> Non-Hispanic Black <input type="checkbox"/> Hispanic</p> <p style="padding-left: 40px;"><input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> North American Indian and Alaskan Native</p> <p style="padding-left: 40px;"><input type="checkbox"/> Aboriginal <input type="checkbox"/> Multiple Ethnicity <input type="checkbox"/> Other</p> <p>Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Guard/Reserves <input type="checkbox"/> Member of Military/Veteran Family <input type="checkbox"/> None</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed</p> <p><i>(If the spouse also receives SSA benefits, additional SSA consents are required.)</i></p>			
<p>Program Referral Characteristics (check all that apply)</p> <p><input type="checkbox"/> Current or anticipated work above SGA.</p> <p><input type="checkbox"/> Beneficiary is fearful of losing Medicare and/or Medicaid and has significant medical needs.</p> <p><input type="checkbox"/> Beneficiary is working at capacity (substantial work is limited by disability). Impact to benefits at this level of employment long term is unknown.</p> <p><input type="checkbox"/> The beneficiary is considering self-employment (refer in conjunction w/ attendance to EE workshop).</p> <p><input type="checkbox"/> PASS development and monitoring.</p> <p style="padding-left: 40px;"><i>(Check resources needed to achieve occupational goal)</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> Services <input type="checkbox"/> Supports <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Other</p>			
<p>Targeted Pay Range & Hours (if self-employed, note anticipated monthly NET income)</p> 			
COMMENTS			
Referring VR Benefits Specialist:		VR Office Location:	
Assigned VR Counselor: <i>(self-employment only)</i>		Referral Date:	